Courage to Change Sober Living Residency Application

Submission of this form does not guarantee admission or services of any sort. Be as detailed as possible. Attach additional paper if necessary and answer all relevant questions thoroughly and to the best of your ability.

General Information

Date of Application: _____ **Date of Birth:** _____

Full Name:

_____

Current Address:

_____

City: **State:** **Zip Code:**

_____

Email Address: **Phone Number:**

_____

Why do you need residency?

_____

_____

_____

_____

Former Use

Date of last use :_____

Drug(s) of Choice:_____

First Use (i.e. age, circumstances, etc.):

_____

_____

_____

_____

Have you ever used needles? **If so, how often?**
YES **NO** _____

Have you ever shared needles? **If so, how often?**
YES **NO** _____
How did you begin to use? (be detailed):
_____
_____
_____
_____

Legal Information

Are you currently incarcerated? **YES** **NO**
If, so what facility?
_____
Potential Release Date: _____
Pending Charges:
_____
_____
List Previous Charges:
_____
_____
Legal Status (probation, parole, etc.):
_____
_____
Name of Corrections Officer: **County:**
_____

Financial Information

Are You Employed? **YES** **NO**
Name of Employer:
_____
Other Income:
_____
Insurance Carrier:
_____

Medicaid? **YES** **NO** **Medicare?** **YES** **NO**

What would you be able to pay upon entrance?: _____

Medical Information

Do you have any medical problems / needs?

_____

_____

Current medications prescribed and why?

_____

_____

Healthcare provider: _____

Prior substance abuse treatment:

_____

_____

Any other mental health treatment, counseling or diagnosis?

_____

_____

_____

_____

Are you taking any medication(s) for mental health reasons? If so, list medication(s) and dosage(s):

_____

_____

Provider:

_____

Circle any that apply:

Developmentally disabled **Major Difficulty with Mobility** **TBI**

Severe Hearing Loss or Deaf **Visual Impairment or Blind**

Moderate to Severe Medical Problems

Other:

_____

_____

Have you attended 12 Step Meetings before? (AA,NA,HA): YES NO
Describe your experience in 12 Step programs:

Do you have a sponsor? Why or why not?

Support

Who supports you in your recovery? What is your relationship like?

Describe any other problems or concerns in your life? (be detailed):

Do you have any dependents? (list name, age and current living situation):

Are you involved with DCS? YES NO
If so, what county: _____
Case Workers Name: _____

I have completed this application to the best of my ability. I understand that if I am admitted to Courage to Change Sober Living. I need to have a one month supply of any prescription medications that I am taking, as well as a pharmacy label on each prescription container.

Client Signature: Date: